ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H		
O.I.P.E. CLASSIFIER		21	7/5/01
FORMALITY REVIEW	PM	181	08-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim (Final / Original)	7-1-01	01-03-02	10-27-03						
1	✔	✔	✔						
2	✔	—	—						
3	✔	✔	✔						
4	✔	✔	✔						
5	✔	✔							
6		✔							
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

Claim	51–100	Date
51–100		(blank)

Claim	101–150	Date
101–150		(blank)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)